

## **Tier II Report Check List**

- ☐ The following information is **required** before you send your report. Until all this information is received your facility will not have officially reported.

### **Facility Identification**

Name ☐  
Street ☐  
City ☐ County ☐ State ☐ Zip ☐

### **Mailing Address** (if different from facility address)

Street ☐  
City ☐ State ☐ Zip ☐

### **Owner/ Operator Name**

Name ☐ Phone ☐  
Mail Address ☐  
City ☐  
State ☐ Zip ☐  
☐

### **Emergency Contact**

Name ☐ Title ☐  
Phone ☐ 24 Hr. Phone ☐

(All information on all contacts)

### **Chemical Description**

NAICS Code ☐  
Pure or Mix ☐ Solid, liquid, Gas ☐ EHS ☐

### **Physical and Health Hazards**

Fire, Sudden Release of Pressure, Reactive ☐  
Immediate, Delayed ☐

### **Inventory**

Max. Daily Amount **Code (1-11)** ☐  
Ave. Daily Amount **Code (1-11)** ☐  
Number of Days On-site (days-1-365) ☐

### **Storage Codes and Locations (Non Confidential)**

Container Type **Code (A-O)** ☐  
Pressure **Code (1-3)** ☐  
Temperature **Code (4-7)** ☐  
Locations (on property) ☐

### **Certification**

Name and official Title of owner/operator or authorized representative ☐  
Signature (original signature required for state copy) ☐  
Date Signed ☐